

WHITE PAPER - USE CONTAINING BLACK INK - MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3112

Registration District No. 449 Primary Registration District No. 4767 Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Louise & Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Harley L. Hyder
3. (b) If veteran, SS 450-28-7250 (c) Social Security name war. None No. unknown

4. Sex M 5. Color or race White
6. (a) Single, widowed, married, divorced, Divorced
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased Sept 29 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Jasper Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Filling station

MOTHER FATHER
12. Name George Hyder
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Katy Viola Knapp
15. Birthplace Jasper Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Macl L. Hood

(b) Address Carthage R#1

17. (a) Removal (b) Date thereof Jan 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arthur Avenue

18. (a) Signature of funeral director Arthur Avenue

(b) Address Carthage Missouri

19. (a) 1-2-40 (b) J. A. McComb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Carthage R#1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24
year 1941 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from 1/23 to 1/24, 1941.
that I last saw him alive on 1/24, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Broncho-Pneumonia
7 days
Duration

Due to Influenza Pneumonia
Other conditions Influenza
(Include pregnancy within 3 months of death) 20 days

Major findings:
Of operations 732
Of autopsy 732
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

404 (Specify type of place) (e) Means of injury

23. Signature Wm. J. Waidora (M. D. 0)

Address Lebanon Mo Date signed 1/24/41

RECEIVED

District Health Officer No. 7,

District File Number 3-41-3237

Date Filed 2-13-41

Kneel Frances et Hc
C. C. Brown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Canthage 415

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.